

L06000061508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

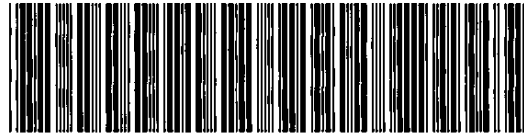
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/06--01025--005 **150.00

06/16/06--01025--006 **5.00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06 JUN 16 AM 11:05

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JUN 16 PM 12:56

Charter Number Only

6/15/06 Evelyn

Requestor's Name
Address
City State ZIP Phone
Atlantic

VALIDATION ONLY

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2006 JUN 16 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Canteen media, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Walk In | <input checked="" type="checkbox"/> Pick Up | |

Name
Availability
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Updater
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Empire Toll Free: 1-800-432-3028

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CANTEEN MEDIA, LLC

Article II - Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

MAILING - PO BOX 330609, MIAMI, FL 33233

STREET - 1314 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

PHILIP SCHWARTZ

Name

2775 SHIPPING AVENUE

Florida street address (P.O. Box NOT acceptable)

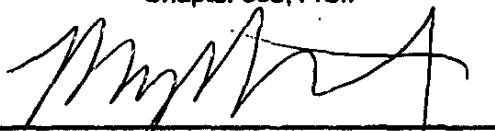
MIAMI, FL 33133

City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Chapter 608, F.S..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RICHARD AMANN

1314 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

MGRM

PHILIP SCHWARTZ

PO BOX 330609
MIAMI, FL 33233

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PHILIP SCHWARTZ

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)